

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1774AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/28/2009
NAME OF PROVIDER OR SUPPLIER LOYALTON OF LAS VEGAS			STREET ADDRESS, CITY, STATE, ZIP CODE 3025 E RUSSELL ROAD LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 5/28/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eighty-nine (89) Residential Facility for Group beds for elderly and disabled persons and sixteen (16) persons with Alzheimer's disease Category II residents. Four resident files were reviewed. Complaint #219914 was unsubstantiated. Complaint #21894 was substantiated, See Tag(s) The following deficiencies were identified:	Y 000	Acceptable POC 6/15/09 Sueger		
Y 877 SS=E	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written	Y 877			

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Maura K. James MD* TITLE

(X6) DATE
6-9-09

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If continuation sheet 1 of 3

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Y 877	Continued From page 1 instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview on 5/28/09, the facility did not obtain physician orders to administer over-the-counter (OTC) medications for 2 of 4 residents (Resident #3 and #4) and the facility did not include over-the-counter medications on the medication administration record for 2 of 4 residents (Resident #3 and #4). Severity: 2 Scope: 2	Y 877	Y877 Residents 3 and 4 now have orders from their physicians for over the counter medications and dietary supplements. They are listed on the MAR's. Date completed 6/10/09. Residents' medication will be reviewed by the Resident Care Director and ED to be sure that meds have orders from their physician and are listed on the MAR's. New residents' meds will be reviewed by the RCD.	
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878	Y878 Med techs will be re-educated on the medication policy. Wellness Coordinator reviewing MAR's ongoing. RCD reviewing MAR's on an ongoing basis for missing meds or change in orders.	

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Y 878	Continued From page 2 This Regulation is not met as evidenced by: Based on record review and interview on 5/28/09, the facility failed to ensure that 4 of 4 residents received medications as prescribed (Resident #1, #2, #3 and #4). This was a repeat deficiency from the 1/30/09 State Licensure survey. Severity: 2 Scope: 3	Y 878	Y883 Med techs in-serviced on the notification of physician if resident refused or if there were missed medications June 3 2009. Attachment A Notification letter made for their use. Attachment B	
Y 883 SS=F	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 4 of 4 residents ((Resident #1, #2, #3 and #4). This is a repeat deficiency from the 1/30/09 Annual State Licensure Survey. Severity: 2 Scope: 3	Y 883		

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